

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: <u>3/7/05</u>		2 Serial/Patent # <u>10/521484</u>					
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED				
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>		\$ <u>100.00</u>				
<input type="checkbox"/>	Amendment		\$				
<input type="checkbox"/>	Extension of Time		\$				
<input type="checkbox"/>	Notice of Appeal/Appeal		\$				
<input type="checkbox"/>	Petition		\$				
<input type="checkbox"/>	Issue		\$				
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$				
<input type="checkbox"/>	Maintenance		\$				
<input type="checkbox"/>	Assignment		\$				
<input type="checkbox"/>	Other		\$				
		7 TOTAL AMOUNT OF REFUND					
		\$ <u>100.00</u>					
		8 TO BE REFUNDED BY: <u>CC</u>					
		Treasury Check					
		Credit Deposit A/C #:					
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--	
		--					
10 REASON:							
<input checked="" type="checkbox"/>	Overpayment						
<input type="checkbox"/>	Duplicate Payment						
<input type="checkbox"/>	No Fee Due (Explanation):						
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>					
SIGNATURE: <u>Rita White</u>		PHONE: <u>71308-9140 ext. 231</u>					
OFFICE: <u>DO/EO</u>							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****							
APPROVED: _____		DATE: _____					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: